

LAST NAME		FIRST NAME		MIDDLE INITIAL
STREET ADDRESS	CITY	COUNTY	ZIP	
MAILING ADDRESS	CITY	STATE	ZIP CODE	
HOME PHONE	OTHER PHONE	DATE OF BIRTH	SOCIAL SECURITY NO.	

DEAF ☐      HARD OF HEARING ☐      DEAF/BLIND ☐      COMMUNICATIVE DISORDER ☐

**WHAT DO YOU NEED FROM DEAF SERVICES?**

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**Please provide a copy of your latest tax return and/or bank statement; AND  
If it applies to you, a copy of the following:**

1. Social security check
2. Letter from your employer, Vocational Rehabilitation counselor, or DHS caseworker
3. Income generated from stocks, savings, CDs, etc.

TOTAL MONTHLY FAMILY INCOME

**FAILURE TO PROVIDE VERIFICATION WILL DELAY APPLICATION PROCESS**

I HEREBY CERTIFY that all the statements made by me in this application form are true and correct to the best of my knowledge and belief. I agree to notify this agency if there is any change in any information I furnished. I understand that all such information will be kept confidential and will only be used as required for assistance, reports, and audits as needed.

Date \_\_\_\_\_

### **WHO IS ELIGIBLE FOR EQUIPMENT?**

To be eligible, a person must:

1. Be a resident of the State of Oklahoma
2. Be 60 years of age or older for the hearing aid program.
3. Provide verification (proof) of:
  - A. Hearing or speech impairment **(Not required for hearing aid program)**: loss severe enough to require use of TDD or amplifier to use the telephone. List any other contributing disability (i.e. blindness, visual impairment, physical disability, etc.) This must be verifiable.
  - B. Income: (See front page for details)

### **QUALIFIED PROFESSIONALS**

The following persons are qualified to verify applicant's disability:

1. Any physician licensed to practice medicine in the State of Oklahoma.
2. Audiologist.
3. Speech pathologist.
4. Vocational Rehabilitation Counselor.
5. Other individual or agency with records to verify disability.

**IF YOU NEED MORE INFORMATION, CONTACT THE TDD PROGRAM OFFICE**

**AT:**

**SERVICES TO THE DEAF AND HARD OF HEARING  
OKLAHOMA SCHOOL FOR THE DEAF  
1100 EAST OKLAHOMA STREET  
SULPHUR, OK 73086-3108  
580-622-8812 V/TTY  
1-866-309-1717 V/TTY  
FAX: 580-622-5850**

**Please note; The hearing aid program only has sufficient funds to provide ONE non-digital hearing aid per person.**